

City of Portland, Oregon - Bureau of Development Services



1900 SW Fourth Avenue · Portland, Oregon 97201 | 503-823-7300 | www.portland.gov/bds

Lat Confirmation	n Daguard					
Lot Confirmatio	n Request	File Number:				
FOR INTAKE, STAFF USE ONLY Date Received Received By Qtr Sec Map(s) Zoning		Y N Unincorporated MC				
		Bill #				
				Related File#		
				APPLICANT: Complete a The application for a Lot Cor		apply to the request. Please print legibly. e following information:
		recorded plats, historic	deeds, or other documentati	lot was created is required. This may include copies of on that provides evidence of the creation and chain of s, documentation of ownership of abutting lots may also		
drawn to scale and sho The location of existin The boundaries of the All development on th The location of utilities	ow the following: ag lot or property lines; e re-established lot, lot of rec e site including driveways ar					
stamped by a registere		ot confirmation, a supplemental survey signed and red. The survey must show the distances between the g confirmed.				
	confirmation letter must be s	itional information. Allow six to eight weeks to receive the submitted to the appropriate county Assessment and mbers.				
written confirmation letter. The	confirmation letter must be soment of new tax account nu	submitted to the appropriate county Assessment and mbers.				
written confirmation letter. The Taxation Department for assign Development Site Address or Location	confirmation letter must be soment of new tax account nu	submitted to the appropriate county Assessment and mbers.				
written confirmation letter. The Taxation Department for assign Development Site Address or Location	confirmation letter must be soment of new tax account nu	submitted to the appropriate county Assessment and mbers.				
written confirmation letter. The Faxation Department for assign Development Site Address or Location Cross Street	confirmation letter must be soment of new tax account nu	submitted to the appropriate county Assessment and mbers.				

CONTINUED / OVER

(attach additional sheets if needed):

	contact person,				er below. Please include any operty owners must sign this form
Check all that apply	Applicant	Owner	Other		
Typed Full Name					I acknowledge this type
Street Address					
					Zip Code
Day Phone		FAX		email	
Check all that apply	Applicant	☐ Owner	Other		
Typed Full Name					I acknowledge this type name as my signature
Street Address					
City			State		Zip Code
Day Phone		FAX		email	
Check all that apply	☐ Applicant	Owner	Other		
Typed Full Name					I acknowledge this type name as my signature
Street Address					
City			State		Zip Code
Day Phone		FAX		email	
Check all that apply	Applicant	☐ Owner	Other		
Typed Full Name					I acknowledge this type name as my signature
Street Address					
City			State		Zip Code
Day Phone		FAX		email	
accuracy of the informati responsible for gaining the the responsibility statemed owner(s) of the property.	on submitted. The ne permission of t ent with them. The By my signature, ng this application	e information be the owner(s) of e City of Portlar I indicate my u	eing submitted included the property listed about nd is not liable if any of nderstanding and agre above Responsibility St	s a description of ve in order to app these actions are eement to the Res tatement and ackn	Request, I am responsible for the the site conditions. I am also by for this review and for reviewing taken without the consent of the sponsibility Statement.
			ng documents to Land otected documents will		

Staff will be in contact regarding payment of fees once the submission has been received.